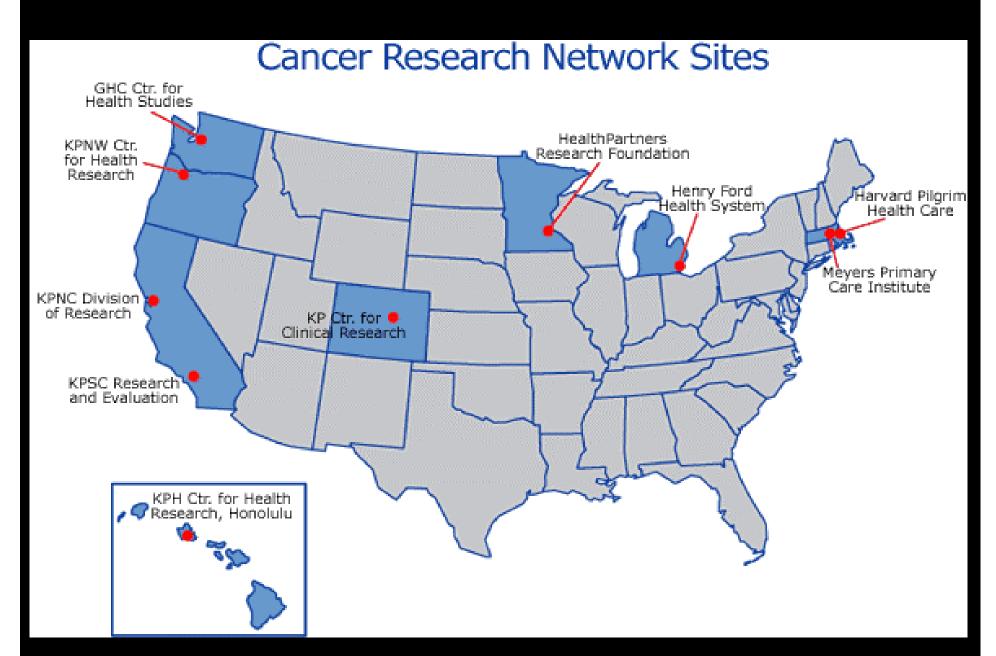
HMO Cancer Research Network

Increasing Effectiveness of Cancer Control Interventions

Advantages of HMOs for Cancer Research

- Large, diverse and defined populations
- Stable populations in well-established HMOs (CRN overall disenrollment about 40% at 5 years, substantially lower with increasing age)
- Computerized data on demographic, health, health care use and costs
- Long tradition of research in non-profit sector
- Cancer registries
- Centralized policies and programs provide opportunities for study and experimentation



History & Setting

- HMO Research Network 1996
 - encourage HMO-based research, especially collaborative research
- 13 Network members are largely non-profit group/staff HMOs
- Cancer research focus in many HMO Research Network members
- Successful collaborations in breast cancer screening and smoking research

CRN Background

- CRN formed in response to NIH RFA, funded by NCI in 1999
- HMO cancer research focus consistent with RFA priorities
 - prevention strategies effectiveness of treatment cost-effectiveness

CRN Overall Goal

Increase the effectiveness of preventive, curative & supportive interventions for major cancers through a program of collaborative research in 10 participating HMOs

Specific Aims

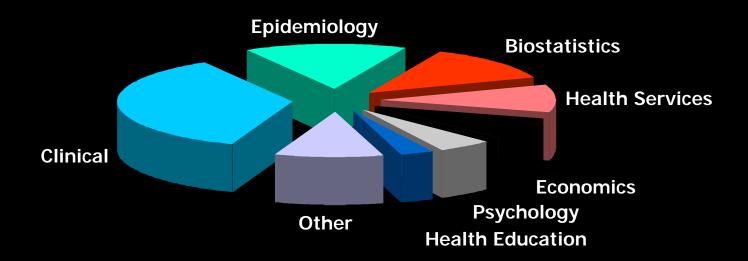
- Develop a population laboratory blending diverse populations and research expertise of the plans
- Use this laboratory to study and improve the effectiveness of cancer control interventions
- Develop & test methods to increase HMO participation in clinical trials
- Increase size & capacity of the laboratory by adding health plans & expertise
- Evaluate quality & extent of collaboration among CRN members

 Cancer Research Network, 2000

Characteristics of the Plans

	GHC	HPHC	HPRF	HFHS	Fallon	KPNC	KPNW	KPSC	KPRM	KPH
Year Estab'd	1947	1969	1992	1915	1977	1945	1942	1947	1969	1958
Total Enrolled X 1000	460	1,300	510	290*	190	2,900	436	2,800	350	206
# Primary Care MD	310/ 514	320/ 7,700	220/ 2,400	1780/ 790	180/ 1,040	2,021	310	1,560	290	220
% 6 5 +	14	7	2	0	16	9	9	10	11	12
% non- white	11	25	9	29	13	29	6	43	20	65
Research center estab'd	1983	1969	1989	1977	1996	1961	1964 Cancer Res	1975	1987	1991

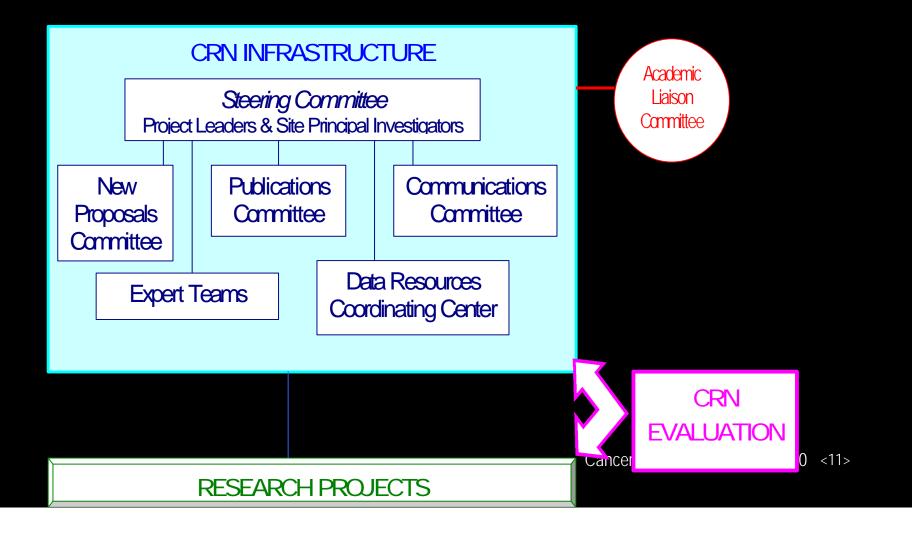
Research Disciplines of CRN Investigators (N=66)



CRN Cancer Case Identification

- 7 HMOs have tumor registries
- 5 send data to the NCDB
- Remaining 3 have developed case identification methods using diagnostic codes
- Full ascertainment of cases back to 1960's (3 HMOs), 70's (1), 80's (2), 1992 (1)
- 7 HMOs have rapid ascertainment systems in place

Organization & Administration



CRN Infrastructure

- Goals:
 - -to promote efficient but democratic decision-making
 - -to advance the quality and pace of the science
- Leadership through Steering Committee and subcommittees
- Subcommittees guide decisions & formulate CRN policies
 - Communications
 - New Proposals
 - Publications

CRN Infrastructure

- External guidance and linkage with academic medical centers through Academic Liaison Committee
- Expert Teams in key methodologic and scientific areas
 - Biostatistics
 - Economics
 - survivorship
 - Pharmacoepidemiology

- Clinical trials
 - Genetics
 - Survey measurement

CRN Data Resources Coordinating Center (DRCC)

- Facilitate understanding of HMOs & data systems for development of new projects
- Assure standardization of data collection and handling methods to aid data quality
- Increase efficiency & reduce costs of data acquisition and data transfers

Data Resources Coordinating Center

- Site Data Managers represent each research center
- Lead responsibility at Kaiser Permanente Northwest (KPNW)
- CRN web site maintained by DRCC supported by Web Advisory Committee
- Data file documentation is maintained in a centralized web-based repository

CRN Project 1 - HIT: HMOs Investigating Tobacco

- Tobacco is #1 cause of preventable illness and death in the U.S., and a major factor in health care costs
- Health care systems vary in their tobacco cessation approaches and effectiveness

HIT Project Specific Aims

- Describe tobacco control policies & procedures and assess implementation
- Examine relationship between tobacco cessation policies & patient smoking cessation rates
- Analyze health care costs for current, former, and never-smokers

CRN Project 2: Toward Reducing Cervical & Late Stage Breast Cancer

 Consistent, broad and effective application of Pap smears and mammograms should result in reduced occurrence of late stage breast cancer, and should all but eliminate invasive cervical cancer

Breast & Cervical Cancer Study Specific Aims

- Explore reasons for success or failure in the diagnosis of breast and cervical cancer, including consideration of screening, detection and follow-up
- Evaluate processes associated with screening guideline development, implementation & monitoring
 - Organizational Assessment of Policies & Procedures
 - Patient Survey
 - Clinician Survey

CRN Project 3: Early Screening & Prophylactic Mastectomy in Women at High Risk for Breast Cancer

- Appropriate medical management for women at high risk for breast cancer is unclear
 - increased risk based on genetics, family and/or personal history
- Current options include mammography at earlier age and prophylactic mastectomy

Screening & Mastectomy Study **Specific Aims**

- Evaluate whether mammography prior to age 50 reduces breast cancer mortality in women with personal or family history of breast cancer
- Determine whether prophylactic mastectomy reduces risk of subsequent breast cancer in women with a family or personal history

New CRN Projects

- Barriers to Clinical Trials Pilot Study
- Cancer Surveillance in HMO Administrative Data

CRN Evaluation

- The CRN structure and function undergo annual formative evaluation
- Main measures
 - quality and quantity of communications
 - performance of projects, DCC, expert teams
 - data quality
 - impact on CRN member organizations, particularly in the area of clinical trials
 - scientific productivity